

To:
Home Health
Agencies
Hospice Providers
Individual Medical
Supply Providers
Medical Equipment
Vendors
Nursing Homes
Pharmacies
Rehabilitation
Agencies
HMOs and Other
Managed Care
Programs

Oxygen-related services coverage revised

This *Wisconsin Medicaid and BadgerCare Update* provides additional information and revised reimbursement rates for oxygen-related services.

Additional information on oxygen-related services

This *Wisconsin Medicaid and BadgerCare Update* provides additional information to the June 2003 *Update* (2003-43), titled “Wisconsin Medicaid revises policies for oxygen-related services.” Also, the biennial budget, 2003 Wisconsin Act 33, directed Wisconsin Medicaid to adjust selected maximum allowable fees for oxygen-related services effective for dates of service on and after July 1, 2003.

Refer to Attachment 2 of this *Update* for a revised list of covered oxygen-related services and reimbursement rates that replaces the list in *Update* 2003-43. (Attachment 1 includes lists of modifiers, place of service codes, and provider types indicated in Attachment 2.)

Medicaid-generated adjustments will occur to reflect the changes in reimbursement rates. Providers are not required to resubmit claims.

Prior authorization requests for infants younger than 24 months

Providers currently are required to indicate the appropriate “Q” modifier on a prior authorization (PA) request based on the flow rate indicated in the prescription. However, a specific flow rate is not always specified on the prescription for infants younger than 24 months.

Effective for dates of service on and after January 1, 2004, Wisconsin Medicaid may approve PA requests without a modifier for infants younger than 24 months if the prescription does not specify a flow rate but does specify maintenance of a certain oxygen saturation level. This applies to the following oxygen systems:

- E0424 — Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing.
- E0439 — Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing.
- E1390 — Oxygen concentrator, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate.

Providers are required to submit a new PA request with a specified flow rate when the child reaches 24 months of age.

Laboratory studies

Blood gas studies and pulse oximetry readings must be performed under the order of an attending physician by a qualified provider or supplier of laboratory services. The provider of the oxygen services may not perform the laboratory studies or the pulse oximeter readings.

Reminders

Providers of oxygen systems are reminded of the following:

- A provider may submit a claim for both a portable and a stationary oxygen system for the same recipient on the same date of service as long as the appropriate physician prescription and documentation to support medical necessity and actual oxygen use is maintained.
- The daily rental of stationary or portable oxygen systems includes contents. Providers should not submit additional claims for the contents with the rental of stationary or portable oxygen systems for the same time period, for the same recipient.
- Medicaid's maximum allowable fee for the rental of portable oxygen systems includes contents. This may differ from commercial health insurance and private payers' definition of the oxygen service which may *not* include contents. If this is the case, the provider's billed amount to Wisconsin Medicaid will differ from the amount billed to the private payer.

- Nursing homes may be reimbursed for stationary system rental codes E0424, E0439 and E1390 even if the recipient is using equipment that is owned by the nursing home (e.g. liquid oxygen administered from a wall unit).

Information regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The daily rental of stationary or portable oxygen systems includes contents.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at dhfs.wisconsin.gov/medicaid/.

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ATTACHMENT 1

Allowable modifiers, place of service codes, and provider types for oxygen-related services

The following tables list allowable modifiers, place of service (POS) codes, and provider types for oxygen-related services.

Modifiers	
Modifier	Description
RR	Rental
QE	Less than one liter per minute
QG	More than four liters per minute

Places of service	
Code	Description
11	Office
12	Home
31	Skilled Nursing Facility
32	Nursing Facility
99	Other Place of Service

Provider types	
Code	Description
24	Federally Qualified Health Centers
26	Pharmacies
44	Home Health Agencies
48	Home Health/Personal Care Providers
54	Medical Equipment Vendors
58	Individual Medical Supply Vendors
65	Rehabilitation Agencies
79/80	Nursing Homes
95	Hospice Providers

ATTACHMENT 2

Covered oxygen-related services

The following table lists Medicaid-covered oxygen-related procedure codes, effective for dates of service (DOS) on and after July 1, 2003. Refer to Attachment 1 of this *Wisconsin Medicaid and BadgerCare Update* for a key to the allowable modifiers, provider types, and place of service codes.

Procedure code	Description	Modifier combinations	Max fee	Copay	PA required?	Reimbursable in a nursing home?	Provider type	Place of service code	Restrictions
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	RR, QE	\$3.40/day		Yes, after 30 days	Yes	24, 26, 44, 48, 54, 58, 65, 79, 80, 95	11, 12, 31, 32, 99	Includes contents. Not separately reimbursable on same DOS as E0441, E0442, E0443, or E0444.
		RR	\$6.80/day						
		RR, QG	\$10.20/day						
E0425	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing		\$132.63	\$3.00	Yes	No	24, 26, 44, 48, 54, 58, 65, 95	11, 12, 99	
E0430	Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing		\$287.15	\$3.00	Yes	No	24, 26, 44, 48, 54, 58, 65, 95	11, 12, 99	
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	RR	\$1.81/day		Yes, after 30 days	Yes	24, 26, 44, 48, 54, 58, 65, 79, 80, 95	11, 12, 31, 32, 99	Includes contents. Not separately reimbursable on same DOS as E0441, E0442, E0443, or E0444.
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing	RR	\$1.81/day		Yes, after 30 days	Yes	24, 26, 44, 48, 54, 58, 65, 79, 80, 95	11, 12, 31, 32, 99	Includes contents. Not separately reimbursable on same DOS as E0441, E0442, E0443, or E0444.
E0435	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing, and refill adapter		\$1,162.91	\$3.00	Yes	No	24, 26, 44, 48, 54, 58, 65, 95	11, 12, 99	
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	RR, QE	\$3.40/day		Yes, after 30 days	Yes	24, 26, 44, 48, 54, 58, 65, 79, 80, 95	11, 12, 31, 32, 99	Includes contents. Not separately reimbursable on same DOS as E0441, E0442, E0443, or E0444.
		RR	\$6.80/day						
		RR, QG	\$10.20/day						

Procedure code	Description	Modifier combinations	Max fee	Copay	PA required?	Reimbursable in a nursing home?	Provider type	Place of service code	Restrictions
E0440	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing		\$447.26	\$3.00	Yes	No	24, 26, 44, 48, 54, 58, 65, 95	11, 12, 99	
E0441	Oxygen contents, gaseous (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned), one month's supply = 1 unit		\$103.80/mo	\$3.00	Yes, after 30 days	Yes	24, 26, 44, 48, 54, 58, 65, 79, 80, 95	11, 12, 31, 32, 99	For recipient- or nursing home-owned systems only.
E0442	Oxygen contents, liquid (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned), one month's supply = 1 unit		\$103.80/mo	\$3.00	Yes, after 30 days	Yes	24, 26, 44, 48, 54, 58, 65, 79, 80, 95	11, 12, 31, 32, 99	For recipient- or nursing home-owned systems only.
E0443	Portable oxygen contents, gaseous (for use only with portable gaseous systems when no stationary gas or liquid system is used), one month's supply = 1 unit		\$18.20/mo	\$1.00	Yes, after 30 days	No	24, 26, 44, 48, 54, 58, 65, 95	11, 12, 99	
E0444	Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used), one month's supply = 1 unit		\$18.20/mo	\$1.00	Yes, after 30 days	No	24, 26, 44, 48, 54, 58, 65, 95	11, 12, 99	
E0455	Oxygen tent, excluding croup or pediatric tents		\$1,014.65	\$3.00	Yes	No	24, 26, 44, 48, 54, 58	11, 12	
		RR	\$1.11/day		Yes, after 60 days				
E0550	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery		\$782.80	\$3.00	Yes	No	24, 26, 44, 48, 54, 58	11, 12	
		RR	\$2.71/day		Yes, after 60 days				
E0555	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter		\$26.84	\$2.00	Yes	No	24, 26, 44, 48, 54, 58	11, 12	
E0560	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery		\$113.67	\$3.00	Yes	No	24, 26, 44, 48, 54, 58	11, 12	
		RR	\$0.67/day		Yes, after 60 days				
E0580	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter		\$90.27	\$3.00	Yes	No	24, 26, 44, 48, 54, 58	11, 12	
E1353	Regulator		\$105.22	\$3.00	Yes	No	24, 26, 44, 48, 54, 58	11, 12	Cannot be reimbursed with any other rental oxygen system.
		RR	\$1.24/day						

Procedure code	Description	Modifier combinations	Max fee	Copay	PA required?	Reimbursable in a nursing home?	Provider type	Place of service code	Restrictions
E1355	Stand/rack		\$67.09	\$3.00	Yes	No	24, 26, 44, 48, 54, 58	11, 12	
E1372	Immersion external heater for nebulizer		\$77.80	\$3.00	Yes	No	24, 26, 44, 48, 54, 58	11, 12	
		RR	\$1.09/day		Yes, after 60 days				
E1390	Oxygen concentrator, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate		\$1,442.00	\$3.00	Yes	No	24, 26, 44, 48, 54, 58, 65, 79, 80, 95	11, 12, 31, 32, 99	Not separately reimbursable on same DOS as E1405 or E1406.
		RR, QE	\$3.40/day		Yes, after 30 days	Yes			
		RR	\$6.80/day						
		RR, QG	\$10.20/day						
E1405	Oxygen and water vapor enriching system with heated delivery	RR	\$6.80/day		Yes, after 30 days	Yes	24, 26, 44, 48, 54, 58, 65, 79, 80, 95	11, 12, 31, 32, 99	Not separately reimbursable on same DOS as E1390.
E1406	Oxygen and water vapor enriching system without heated delivery	RR	\$6.80/day		Yes, after 30 days	Yes	24, 26, 44, 48, 54, 58, 65, 79, 80, 95	11, 12, 31, 32, 99	Not separately reimbursable on same DOS as E1390.